



Senate

General Assembly

File No. 270

February Session, 2012

Substitute Senate Bill No. 186

Senate, April 5, 2012

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE LICENSING, INVESTIGATION AND DISCIPLINARY PROCESSES FOR PHYSICIANS AND NURSES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsections (a) to (c), inclusive, of section 20-8a of the
2 general statutes are repealed and the following is substituted in lieu
3 thereof (*Effective from passage*):

4 (a) There shall be within the Department of Public Health a
5 Connecticut Medical Examining Board.

6 (1) Said board shall consist of fifteen members appointed by the
7 Governor, subject to the provisions of section 4-9a, in the manner
8 prescribed for department heads in section 4-7, as follows: Five
9 physicians practicing in the state; one physician who shall be a
10 full-time member of the faculty of The University of Connecticut
11 School of Medicine; one physician who shall be a full-time chief of staff
12 in a general-care hospital in the state; one physician who shall be a
13 supervising physician for one or more physician assistants; one

14 physician who shall be a graduate of a medical education program
15 accredited by the American Osteopathic Association; one physician
16 assistant licensed pursuant to section 20-12b and practicing in this
17 state; and five public members.

18 (2) On and after October 1, 2012, said board shall consist of twenty-
19 one members, thirteen of whom are physicians, one of whom is a
20 physician assistant and seven of whom are public members, all of
21 whom are appointed by the Governor, subject to the provisions of
22 section 4-9a, in the manner prescribed for department heads in section
23 4-7, as follows: Three physicians of any specialty; three physicians who
24 shall be specialists in internal medicine; one physician who shall be a
25 psychiatrist; one physician who shall be a surgeon; one physician who
26 shall be an obstetrician-gynecologist; one physician who shall be a
27 pediatrician; one physician who shall be an emergency medical
28 physician; one physician who shall be a supervising physician for one
29 or more physician assistants; one physician who shall be a graduate of
30 a medical education program accredited by the American Osteopathic
31 Association; one physician assistant licensed pursuant to section
32 20-12b; and seven public members.

33 (3) No professional member of said board shall be an elected or
34 appointed officer of a professional society or association relating to
35 such member's profession at the time of appointment to the board or
36 have been such an officer during the year immediately preceding
37 appointment or serve for more than two consecutive terms.
38 Professional members shall be practitioners in good professional
39 standing and residents of this state.

40 (b) All vacancies shall be filled by the Governor in the manner
41 prescribed for department heads in section 4-7. [Successors] On and
42 after October 1, 2012, successors and appointments to fill a vacancy
43 shall fulfill the same qualifications as the member succeeded or
44 replaced. In addition to the requirements in sections 4-9a and 19a-8, no
45 person whose spouse, parent, brother, sister, child or spouse of a child
46 is a physician, as defined in section 20-13a, or a physician assistant, as

47 defined in section 20-12a, shall be appointed as a public member.

48 (c) The Commissioner of Public Health shall establish a list of
49 [twenty-four] persons who may serve as members of medical hearing
50 panels established pursuant to subsection (g) of this section. Persons
51 appointed to the list shall serve as members of the medical hearing
52 panels and provide the same services as members of the Connecticut
53 Medical Examining Board. Members from the list serving on such
54 panels shall not be voting members of the Connecticut Medical
55 Examining Board.

56 (1) The list shall consist of twenty-four members appointed by the
57 commissioner, at least eight of whom shall be physicians, as defined in
58 section 20-13a, with at least one of such physicians being a graduate of
59 a medical education program accredited by the American Osteopathic
60 Association, at least one of whom shall be a physician assistant
61 licensed pursuant to section 20-12b, and nine of whom shall be
62 members of the public.

63 (2) On and after October 1, 2012, the list shall consist of thirty-six
64 members appointed by the commissioner, twenty-three of whom shall
65 be physicians, as defined in section 20-13a, with at least two physicians
66 who shall be specialists in internal medicine; one physician who shall
67 be a psychiatrist; one physician who shall be a psychiatrist specializing
68 in addiction medicine; one physician who shall be an obstetrician-
69 gynecologist; one physician who shall be a pediatrician; one physician
70 who shall be an emergency medicine physician; one physician who
71 shall be a surgeon; one physician who shall be an anesthesiologist; and
72 one physician who shall be a graduate of a medical education program
73 accredited by the American Osteopathic Association; one who shall be
74 a physician assistant licensed pursuant to section 20-12b; and twelve
75 who shall be members of the public.

76 (3) No professional member of the list shall be an elected or
77 appointed officer of a professional society or association relating to
78 such member's profession at the time of appointment to the list or have
79 been such an officer during the year immediately preceding such

80 appointment to the list. A licensed professional appointed to the list
81 shall be a practitioner in good professional standing and a resident of
82 this state. All vacancies shall be filled by the commissioner.
83 [Successors] On and after October 1, 2012, successors and professional
84 members appointed to fill a vacancy on the list shall possess the same
85 qualifications as those required of the member succeeded or replaced.
86 No person whose spouse, parent, brother, sister, child or spouse of a
87 child is a physician, as defined in section 20-13a, or a physician
88 assistant, as defined in section 20-12a, shall be appointed to the list as a
89 member of the public. Each person appointed to the list shall serve
90 without compensation at the pleasure of the commissioner. Each
91 medical hearing panel shall consist of three members, one of whom
92 shall be a member of the Connecticut Medical Examining Board, one of
93 whom shall be a physician or physician assistant, as appropriate, and
94 one of whom shall be a public member. The physician and public
95 member may be a member of the board or a member from the list
96 established pursuant to this subsection.

97 Sec. 2. Subsection (b) of section 20-10b of the general statutes is
98 repealed and the following is substituted in lieu thereof (*Effective from*
99 *passage*):

100 (b) Except as otherwise provided in subsections (d), (e) and (f) of
101 this section, [for registration periods beginning on and after October 1,
102 2007,] a licensee applying for license renewal shall earn a minimum of
103 fifty contact hours of continuing medical education within the
104 preceding twenty-four-month period. Such continuing medical
105 education shall (1) be in an area of the physician's practice; (2) reflect
106 the professional needs of the licensee in order to meet the health care
107 needs of the public; and (3) include at least one contact hour of training
108 or education in each of the following topics: (A) Infectious diseases,
109 including, but not limited to, acquired immune deficiency syndrome
110 and human immunodeficiency virus, (B) risk management, (C) sexual
111 assault, (D) domestic violence, and (E) [for registration periods
112 beginning on and after October 1, 2010,] cultural competency. For
113 purposes of this section, qualifying continuing medical education

114 activities include, but are not limited to, courses offered or approved
115 by the American Medical Association, American Osteopathic Medical
116 Association, Connecticut Hospital Association, Connecticut State
117 Medical Society, county medical societies or equivalent organizations
118 in another jurisdiction, educational offerings sponsored by a hospital
119 or other health care institution or courses offered by a regionally
120 accredited academic institution or a state or local health department.
121 The commissioner may grant a waiver for not more than ten contact
122 hours of continuing medical education for a physician who: (1)
123 Engages in activities related to the physician's service as a member of
124 the Connecticut Medical Examining Board, established pursuant to
125 section 20-8a, as amended by this act; (2) engages in activities related
126 to the physician's service as a member of a medical hearing panel,
127 pursuant to section 20-8a, as amended by this act; or (3) assists the
128 department with its duties to boards and commissions as described in
129 section 19a-14.

130 Sec. 3. Subsection (g) of section 19a-88 of the general statutes is
131 repealed and the following is substituted in lieu thereof (*Effective*
132 *October 1, 2012*):

133 (g) [On or before July 1, 2008, the] The Department of Public Health
134 shall [establish and implement] administer a secure on-line license
135 renewal system for persons holding a license to practice medicine or
136 surgery under chapter 370, dentistry under chapter 379 or nursing
137 under chapter 378. The department shall [allow] require any such
138 person [who renews] to renew his or her license using the on-line
139 license renewal system and to pay his or her professional service fees
140 on-line by means of a credit card or electronic transfer of funds from a
141 bank or credit union account and may charge such person a service fee
142 not to exceed five dollars for any such on-line payment made by credit
143 card or electronic funds transfer. [On or before January 1, 2009, the
144 department shall submit, in accordance with section 11-4a, a report on
145 the feasibility and implications of the implementation of a biennial
146 license renewal system for persons holding a license to practice
147 nursing under chapter 378 to the joint standing committee of the

148 General Assembly having cognizance of matters relating to public
149 health.]

150 Sec. 4. Subsection (a) of section 20-88 of the general statutes is
151 repealed and the following is substituted in lieu thereof (*Effective from*
152 *passage*):

153 (a) The Connecticut State Board of Examiners for Nursing shall
154 consist of twelve members who are residents of the state to be
155 appointed by the Governor subject to the provisions of section 4-9a.
156 The Governor shall appoint two members who shall be graduates of an
157 approved school for licensed practical nursing; five members who
158 shall be registered nurses, [three] one of whom shall, at the time of
159 appointment, be connected with an institution affording opportunities
160 for the education of nurses, [and at least] two of whom shall hold
161 master's degrees in nursing from a recognized college or university
162 and one of whom shall [be at the time of appointment an instructor in
163 an approved school for licensed practical nurses] hold a degree of a
164 doctor of nursing practice or doctor of nursing science from a
165 recognized college or university; one member who shall be an
166 advanced practice registered nurse; and four members who shall be
167 public members. Members of said board shall be residents of this state
168 and professional members shall maintain good professional standing.
169 No member of said board shall be an elected or appointed officer of
170 any professional association of nurses or have been such an officer
171 during the year immediately preceding his appointment. No member
172 shall serve more than two full consecutive terms which commence
173 after July 1, 1980. Any vacancy shall be filled by the Governor for the
174 unexpired portion of the term.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	20-8a(a) to (c)
Sec. 2	<i>from passage</i>	20-10b(b)
Sec. 3	<i>October 1, 2012</i>	19a-88(g)
Sec. 4	<i>from passage</i>	20-88(a)

Statement of Legislative Commissioners:

In sections 1(a) and (c), subdivision designators were inserted and the description of existing board membership was separated from the description of board membership as of October 1, 2012, to clarify that the board membership as stated in the existing statute remains in place until October 1, 2012.

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 13 \$	FY 14 \$
Public Health, Dept.	GF - Revenue Loss	278,300	371,000
Public Health, Dept.	GF - Savings	8,600	52,500

Note: GF=General Fund

Municipal Impact: None

Explanation

A General Fund revenue loss of approximately \$278,300 in FY 13¹ and \$371,000 in FY 14 and a savings to the Department of Public Health (DPH) of approximately \$8,600 in FY 13¹ and \$52,500 in FY 14 is associated with requiring physicians, dentists, registered nurses, licensed practicing nurses, and nurse midwives to renew their licenses online beginning 10/1/12. The anticipated revenue loss is due to online payment transaction costs. DPH savings reflect the reduction of Webster Bank payment processing fees in FY 13 and the elimination of those fees in FY 14 for license renewal by physicians, dentists, registered nurses, licensed practicing nurses, and nurse midwives. In addition, there are anticipated DPH savings from the elimination of license renewal mailings in FY 14.

License fee payments made on DPH's eLicensing website incur a 3% transaction cost per payment.² In 2011, 31,494 of the health care practitioners (from the categories stated above) renewed their licenses online and 65,202 renewed through the mail for a gross General Fund

¹ This reflects nine months of implementation.

² DPH is allowed under CGS Sec. 19a-88 to charge up to \$5 for every online payment made as a service fee, but it does not as Executive Branch business policy requires agencies to offset the expense of credit/debit card transaction fees to a revenue account, rather than posting these transaction fees as an expenditure.

revenue gain of \$18.7 million that was offset by \$189,000 in transaction costs for a gross revenue gain of \$18.5 million. Using 2011 as a basis for the FY 13 and FY 14 revenue loss estimates, FY 13 transaction costs for online licensure renewal required in the bill are estimated at \$278,300. See the table below for details. FY 14 transaction costs for online licensure renewal required in the bill are anticipated to be \$371,000.

Profession	# Renewed CY 2011	# Renewed Online CY 2011	Est. # of New Online Payments in FY 13	Renewal Fee \$	3% Cost per Payment \$	Est. FY 13 Revenue Loss \$ (9 months)
Physician	16,922	6,103	10,819	565	16.95	137,537
Dentist	3,435	982	2,453	565	16.95	31,184
RN	59,036	18,746	40,290	100	3.00	90,653
LPN	13,460	4,164	9,296	60	1.80	12,550
APRN	3,624	1,451	2,173	120	3.60	5,867
Nurse Midwife	219	48	171	120	3.60	462
TOTAL	96,696	31,494	65,202	-	-	278,251

In 2011, Webster Bank processed approximately 88% of all physician, dentist, registered nurse, licensed practicing nurse, and nurse midwife licensure renewal payments at a cost of \$0.20 per payment processed (DPH processed approximately 12% in-house). Assuming 48,902 new online license renewals in 9 months of FY 13 and 65,202 new online license renewals in 12 months of FY 14, this is a savings of \$8,600 in FY 13 and \$11,400 in FY 14. Added to the savings of \$11,400 in FY 14 are savings of \$41,100 from the anticipated transitioning of license renewal alerts for physicians, dentists, registered nurses, licensed practicing nurses, and nurse midwives from a mailing system that incurs a \$0.425 cost per alert to a free email alert system.

The Out Years

The fiscal impact identified above would continue into the future

subject to licensure renewal fees, transaction costs, and the number of physicians, dentists, registered nurses, licensed practicing nurses, and nurse midwives renewing their licenses in the out-years.

Sources: Department of Public Health CY 2011 Licensure Data

OLR Bill Analysis**sSB 186*****AN ACT CONCERNING THE LICENSING, INVESTIGATION AND DISCIPLINARY PROCESSES FOR PHYSICIANS AND NURSES.*****SUMMARY:**

Starting October 1, 2012, this bill increases (1) the membership of the state Medical Examining Board, from 15 to 21 and (2) the pool of people who may serve on medical hearing panels, from 24 to 36. The bill makes other related changes, including changing the required specialties for physician members of the board and the hearing panel pool.

The law generally requires physicians applying for license renewal to have completed at least 50 contact hours of continuing medical education (CME) during the previous 24 months. (There are certain exemptions, such as physicians applying for license renewal for the first time.) The bill allows the Department of Public Health (DPH) commissioner to waive up to 10 contact hours of CME for a physician who (1) engages in activities related to his or her service as a member of the Medical Examining Board or a medical hearing panel or (2) helps DPH with its duties to its professional boards and commissions.

By law, DPH operates an online license renewal system for physicians, dentists, and nurses. (Nurses include advanced practice, registered, and licensed practical nurses.) Under current law, DPH must allow these professionals renewing their licenses through the online system to pay their professional service fees online by credit card or electronic funds transfer. The bill instead provides that DPH must require them to (1) renew their licenses through the online system and (2) pay their fees online with a credit card or electronic funds transfer. By law, DPH can charge up to a \$5 service fee for such online payments.

The bill changes the composition of the registered nurse (RN) members on the state Board of Examiners for Nursing.

The bill also makes technical changes.

EFFECTIVE DATE: Upon passage, except the requirements for online license renewal and fee payments, as well as a related technical change, are effective October 1, 2012.

§ 1 – MEDICAL EXAMINING BOARD

On and after October 1, 2012, the bill increases, from 15 to 21, the membership of the state Medical Examining Board, and makes other changes to the board's composition, as shown in Table 1 below. By law, the governor appoints the board's members.

Table 1: Connecticut Medical Examining Board Membership

<i>Current Law (15 Members)</i>	<i>The Bill (21 Members)</i>
Nine physicians, as follows:	13 physicians, as follows:
<ul style="list-style-type: none"> - Five physicians practicing in CT - One full-time faculty member of the UConn School of Medicine - One full-time chief of staff at a general-care hospital in CT 	<ul style="list-style-type: none"> - Three from any specialty - Three specialists in internal medicine - One psychiatrist - One surgeon - One obstetrician-gynecologist - One pediatrician - One emergency medical physician
<ul style="list-style-type: none"> - One supervising physician of a physician assistant (PA) 	<ul style="list-style-type: none"> - One supervising physician of a PA
<ul style="list-style-type: none"> - One graduate of an American Osteopathic Association (AOA)-accredited medical education program 	<ul style="list-style-type: none"> - One graduate of an AOA-accredited medical education program
One licensed PA practicing in CT	One licensed PA
Five public members	Seven public members

Current law requires that successors and appointments to fill a board vacancy must have the same qualifications as the members they succeed or replace. The bill appears to eliminate this requirement upon the bill's passage but reinstate it on October 1, 2012.

§ 1 – MEDICAL HEARING PANELS

On and after October 1, 2012, the bill increases, from 24 to 36, the number of people who may serve as members of medical hearing panels in conjunction with the Medical Examining Board. It also changes qualifications for physician appointees. By law, the DPH commissioner appoints a pool of people who may serve on medical hearing panels. Three-person panels hear allegations of malpractice against physicians and physician assistants.

Table 2: List of Who May Serve on Medical Hearing Panels

Current Law (24 Members)	The Bill (36 Members)
At least 8 physicians, including at least: - One graduate of an AOA-accredited medical education program	23 physicians, including at least: - One graduate of an AOA-accredited medical education program - Two specialists in internal medicine - One psychiatrist - One psychiatrist specializing in addiction medicine - One obstetrician-gynecologist - One pediatrician - One emergency medical physician - One surgeon - One anesthesiologist
At least one licensed PA	One licensed PA
Nine public members	Twelve public members

Current law provides that successors or members appointed to fill a vacancy on the list must have the same qualifications as those required of the member being succeeded or replaced. The bill specifies that the requirement applies only to professional members, and not public members, appointed to fill a vacancy. The bill appears to eliminate the requirement upon the bill's passage but reinstate it on October 1, 2012.

§ 4 – BOARD OF EXAMINERS FOR NURSING

By law, the Board of Examiners for Nursing consists of twelve members, including five RNs. The bill changes the required qualifications for the RN members. It requires that (1) one, rather than three, of the RN members be connected with an institution affording opportunities for nurse education and (2) two, rather than at least two, have a master's degree in nursing. It also eliminates the requirement that one be an instructor at an approved school for licensed practical

nurses, instead requiring that one have a doctorate in nursing practice or nursing science.

By law, the board also includes two licensed practical nursing graduates; one advanced practice registered nurse; and four public members. The governor appoints the board's members.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 24 Nay 0 (03/23/2012)